



MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

SPECIAL PERMIT APPLICATION TO ACCOMMODATE PERMANENT PHYSICAL DISABILITIES MRSA 12, SEC. 7076, SUB-SEC. 16

Name: _____ Date of Birth: _____
Street address: _____
Mailing Address: _____ Zip: _____
Town/State of Residence: _____
Telephone: _____ E-mail address: _____ Fax: _____

1. Describe the type/nature of your permanent disability. Please be specific about your impairment. A vague response is not enough information to make a decision about your request for accommodation. For example, "heart problem" or "back injuries" are too vague to allow us to assess your level of impairment and impacts to your ability to access hunting, fishing, or trapping opportunities. A more complete response would include a description of the type and severity of a heart problem and or back injury. Only list the specific impairment(s) that are directly related to the accommodation(s) you are requesting.

2. How does your disability impact your ability to participate in hunting, fishing, or trapping opportunities? Please state exactly how your impairment(s) impact essential body functions associated with hunting, fishing, or trapping. For example, indicate how your impairment impacts entering or exiting a motor vehicle; standing, balance, walking, and use of the arms; handling a firearm, bow and arrow, or other equipment; properly identifying your target; tolerating cold weather; or other necessary aspects of hunting, fishing, or trapping.

- 3. What type of action are you requesting to overcome the impact(s) of your disability?** Please indicated what is needed to over come the essential functions that are impacted by your disability. Specifically, what do you want to be allowed to do that is not normally permitted so you can hunt, fish, or trap.
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- 4. The applicant is required to submit a statement from a licensed physician clearly stating the nature of the disability, the permanence of the disability, and the extent to which the disability affects that person's ambulatory ability or endurance; use of one or both hands, arms, or legs; or sight or hearing. Please use the medical evaluation form provided by the Department to assure the required information is provided.**

Upon receiving the application and doctor's statement a meeting will be scheduled with the applicant to discuss the applicant's needs.

A final determination will be made following a review of the application and associated information at the next biannual meeting of the Disabled Hunter, Trapper, and Angler Advisory Committee.

Please Note: The Department may not authorize any special exceptions that endangers public safety and may authorize only the minimum special exception necessary overcome the applicant's permanent disability and allow the applicant to safely hunt, trap, or fish. Special exceptions may not authorize a person to exceed the allowable bag limits for any fish or wildlife species; to fish for or take a fish or wildlife species for which a license is not otherwise issued; or to fish, trap or hunt in any area permanently closed to those activities by state law or rule.

I certify all of the information provided on this application is accurately stated.

Applicants Signature: _____

Return to :Department of Inland Fisheries and Wildlife
Deputy Commissioner
41 State House Station,
Augusta, Maine 04333